



## Brucellosis Action Plan Testing / Adult Vaccinating Invoice

Veterinarian: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_

| Owner or Ranch Name (or Livestock Market) / |  | Test type:<br>1) Ranch<br>2) Market | Test/vacc. reason:<br>1) Sale<br>2) Movement<br>3) Herd test<br>4) Adult vacc. | Date tested/<br>vaccinated | Accession # | Total #<br>tested/<br>vaccinated |
|---|--|-------------------------------------|--|----------------------------|-------------|----------------------------------|
| Owner or Ranch Address (or Market Town)     |  |                                     |  |                            |             |                                  |
| 1   |  |                                     |  |                            |             |                                  |
| 2   |  |                                     |  |                            |             |                                  |
| 3   |  |                                     |  |                            |             |                                  |
| 4   |  |                                     |  |                            |             |                                  |
| 5   |  |                                     |  |                            |             |                                  |
| 6   |  |                                     |  |                            |             |                                  |
| 7   |  |                                     |  |                            |             |                                  |
| 8   |  |                                     |  |                            |             |                                  |
| 9   |  |                                     |  |                            |             |                                  |
| 10  |  |                                     |  |                            |             |                                  |
| 11  |  |                                     |  |                            |             |                                  |
| 12  |  |                                     |  |                            |             |                                  |

|  | Rate per<br>head | # Tested or<br>AV | Subtotal (\$) |
|--|------------------|-------------------|---------------|
| TOTAL TESTED – ON RANCH (OR AT CLINIC)                         | \$12.00          |                   |               |
| TOTAL TESTED – LIVESTOCK MARKETS                               | \$7.50           |                   |               |
| TOTAL CHUTE FEE - LIVESTOCK MARKETS                            | \$1.00           |                   |               |
| TOTAL ADULT VACCINATED (ON RANCH OR AT CLINIC)                 | \$7.50           |                   |               |
| <b>TOTAL INVOICE AMOUNT</b>                                    |                  |                   |               |
| -SECTION BELOW - FOR MONTANA DEPARTMENT OF LIVESTOCK USE ONLY- |                  |                   |               |
|  |                  |                   |               |